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LECTURES.

BOSTON CITY HOSPITAL: CLINICAL LECTURE NO. XIII.

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Amputation of the Lower End of the Rectum. — GENTLEMEN: We have here a German, between fifty and sixty years of age, who, during the past year or two, has been suffering from some affection of the rectum, which has developed gradually, and, as you see, is principally confined to the margin of the anus, and just inside the sphincter muscle. During the winter I have been able to show you most of the common affections of the rectum, but this is a new and rather uncommon variety. You see about the rectum ulceration which has eaten down into the bowel; there is also a deep-seated hardening of the tissue. Here are rings of this consolidated tissue, — which we never find in fissure, — and they extend for half an inch up the bowel. There is nothing here resembling piles, the symptoms of which are familiar to you. The question lies between a cancerous and a syphilitic affection. But to me it seems to be epithelioma, which is rare in this locality, but which upon the lip is common. The tissues at one point have given way, and the disease has infiltrated beneath them. In ordinary cancer the bowel feels smooth around it, but the finger detects a hard, knobbed, irregular wall, created by disease, and situated beneath the mucous membrane, between the latter and the muscular coat. What have we to do here? If the disease were on the lip we should cut it out; in another place we should use caustics. Here it seems to me better to cut around the epithelioma and remove it. To do this will involve the excision of both the sphincter muscles and a portion of the bowel, and, consequently, you may think the patient will lose power over the bowel, and that hence incontinence will result. But after the operation a contraction of the cicatrix takes place to such a degree that we sometimes are obliged to introduce bougies in order to dilate the entrance to the bowel. There is besides, higher up, a contraction of the so-called "third sphincter," which aids in the control of the rectum.

I have seen Langenbeck remove this species of growth by means of

a spoon-shaped instrument, invented by Simon. The removal of the disease by the knife, it may be thought, might injure the peritonæum, but this membrane does not descend low enough to be endangered. It comes down only as far as the prostate gland, — besides, you will remember the ischio-rectal fossa, which is at least one and one half inches in depth on either side of the rectum, and of course the levator ani muscle is above the fossa, — so that the danger of involving the peritonæum seems slight. The disease is unequally distributed. Near the sphincter it is developed in shape of a ring, but does not extend high up, being mostly confined to and about the margin of the anus, although in places it is more wide-spread, and on the right side ridges and spurs run up the bowel over an inch. I make my incision a little irregular, because I do not wish to remove more skin than is absolutely necessary. At one point, however, where the ulceration runs more deeply, I have cut farther back. The mucous membrane above the seat of the disease I carefully protect, so that when the operation is completed I can draw it down and fasten it to the margin of the anus. Having now removed all of the diseased tissue, I introduce sutures at equal distances from each other into the mucous membrane of the bowel, and by their help I shall bring down the membrane. Bleeding is quite moderate, the source being principally the smaller vessels. I now find that the mucous membrane has been cut off so high up that it seems doubtful as to whether we can do much in the way of stitching, but we will make the attempt. I have done so, thus bringing two raw surfaces together, and giving the most favorable conditions for healing to a certain degree, but I do not suppose the parts will hold together. On the right side, at a point where the membrane was cut very high, it has already given way, but three fourths of the rectum are stitched down, and the part looks well. For after-treatment the opening will be packed with oiled rags and sponges.

Needle in the Knee-Joint. — This young woman, during the past five months, has had trouble in the right knee-joint. It dates from the time when, as she asserts, she accidentally forced a needle into her leg near the knee, the end breaking off. She has had frequent synovitis, and on four occasions incisions have been made and the needle sought for, but as yet it has not been found. Over the lower edge of the patella is an exquisitely tender spot, which is caused either by diseased cartilage or by the needle. The inflammation which is apparent involves no risk to her, for the trouble seems to be outside of the joint. Here are the scars of four other operations. The joint does not appear to be either much enlarged or inflamed. The patient has been very unfortunate, having already lost one leg. I know nothing of the history or cause of the amputation, but it was well done, and the stump is a good one. The patella, as usual in knee-joint amputations, has been removed.

I now make a crucial incision directly over the patella, and at once find a bit of loose cartilage which moves upon the patella, but whether it be the cause of the pain of which the patient has complained I do not know. I intend to go further and discover the real condition, for this is the fifth time the patient has been laid up by an operation, and this is her only leg. I shall, if necessary, even open the capsule of the joint, but shall do so under the carbolic spray. I now apply ice for five minutes, to check bleeding and give us an opportunity to search. Cutting carefully down into the capsule, I have struck almost at once upon the needle at the lower edge of the patella, where it stands directly upright, and points with the sharp end backward between the tibia and the femur. As I draw it out it comes in a perfectly vertical line, and it is in this upright posture that it has excited and kept up synovitis in the joint. The explanation probably is that the needle has worked about until it finally assumed a position in which it could be reached. It is fully four fifths of a cambric needle. The hardened tissue about it simulated cartilage, and therefore led me to suppose that the loose, movable body first mentioned was a bit of that substance.

We shall apply a ham splint and the Lister dressing.

Excision of the Wrist. — Early in December last this man was brought into the hospital with a ragged wound in the left hand, caused by a pick-axe, which had been driven through the ulnar side of the hand, breaking and carrying away a section of the fifth metacarpal bone. You have often seen the case. We etherized him, removed the comminuted bone, and every effort has since been made to save the hand; but in spite of this the whole wrist-joint and carpus have passed into a pulpy, carious condition. I proposed to amputate the hand. The patient objected. Hence I shall substitute an operation by which I shall remove the carpal bones wherever they are diseased. Before the Esmarch bandage was applied the hand was dusky red in color and very much deformed by swelling. The probe passes across the hand and under the wrist-joint, every bone of which is thoroughly diseased. The operation will be a matter of slow gouging and gradual picking away the carious bone.

I make two free incisions over the metacarpal bones of the index and ring fingers respectively. To avoid the palmar vessels I do this on the back of the hand. The tissue between the incisions can be easily pushed aside, thus enabling me to work freely. I now find the bones in such a crumbling condition that I shall make very free incisions and dissect out everything. The carpal bones come out, some in fragments, some whole, but in a badly diseased state. The carpal end of the radius has pushed down nearly one and one half inches through the softened carpal bones, and is so seriously diseased that I shall cut off a portion. This being done, I also remove the end of the ulna and the

heads of the metacarpal bones. We now have a space some two inches wide between the hand and the fore-arm entirely void of bone. The extensors and nerves of the back of the hand are almost uninjured. The palmar structures are not interfered with. The wound is to be packed, compressed, and done up with a Lister dressing, and kept on a splint. If he recovers, a firm, plastic exudation will take the place of the carpal bones. This will stiffen into ankylosis. The use of the fingers is to be restored by flexion and manipulation. If things go on badly the hand will have to be amputated.

Foreign Body removed from the Larynx by Laryngo-Tracheotomy.— I now show you this little girl of three and one half years, who on Monday evening, while playing with an oval tin stamp, taken from the covering of a parcel of fine-cut tobacco, got it impacted in her throat, out of reach. The foreign body was a flat plate, three fourths of an inch long and five eighths of an inch wide.

Immediate and progressive symptoms of spasmodic croup set in.

The accident occurred on the Cape, one hundred miles from Boston.

The croupy cough and spasm of the larynx continued on Tuesday; on Wednesday she was brought to Boston by her physician, Dr. Stone, of Wellfleet, and I saw her at noon, thirty-six hours after the accident.

She was brought to the hospital and etherized. The throat was explored with the finger, but nothing could be felt. Tracheotomy was then performed, after which the tracheal incision was held open, and search made for the foreign body. It was detected in the larynx, but was so impacted that it could neither be drawn down or moved. A soft-rubber trachea tube was inserted. Portions of its horizontal plate were then cut away, to avoid covering the larynx. Next, the incision in the trachea was extended up through the cricoid cartilage and between the thyroid cartilages in their entire length, until the whole larynx was laid open in the middle line. The piece of tin was found in the glottis and removed. The thyroid and cricoid cartilages were reunited by two silver-wire sutures, the trachea tube being left in position, and the child was put into the steam room. She did well, and made a perfect recovery.

The tube was taken out on the fifth day, the wire sutures on the seventh and eighth days. By the sixteenth day the cut had closed by granulation. On that day, and eleven days after tube was removed, the child spoke distinctly, with a shrill, doll-like voice. She will go home to-day, on the seventeenth day after the operation.

THE POST-MORTEM DIAGNOSIS OF CERTAIN FORMS OF ASPHYXIA.¹

BY F. W. DRAFER, M. D.

CASE II. *Asphyxia by Suffocation*. — This case presents fewer difficulties than the one preceding, inasmuch as we have some knowledge of the circumstances attending the death. R. Y., a middle-aged man, in the full vigor of robust health, occupied a room on the upper floor of a four-storied building. In this room he worked at his trade of harness-making through the day and lodged at night. He was the only occupant of the building at night, the other tenants being engaged in the manufacture of clothing, and in other day work, on the lower floors. From the windows of the second story of this building fire was seen to burst forth suddenly a little after five o'clock in the morning of Sunday, January 20, 1878. Those who first saw the fire were certain of its very abrupt origin, though they could not testify that there was an explosion previously. Coincidentally with the appearance of the flames, a man was seen to leave the building, and to run down an adjacent street; this man, the probable incendiary, effected his escape. The fire was extinguished in less than an hour, and as soon as possible the premises were inspected. It was found that the damage to the building by the fire was limited almost wholly to the second story, its place of origin. Elsewhere there was an extraordinary deposit of sticky soot, with a pervading odor of naphtha or illuminating coal-gas. It was found, moreover, that all the tips had been unscrewed and removed from the gas fixtures on the second story, and that the gas had been turned on in full force. In the fourth story the dead body of Y. was found lying across the threshold of his room, as if he had fallen in an ineffectual attempt to escape. The body was only partially clothed, and the portions of clothing in place had evidently been arranged hastily. The deposit of soot and the stench of gas were particularly noticeable in the entry-way and rooms of this fourth story. An autopsy was made twenty-nine hours after the discovery of the fire, and presumably about the same interval after the death of its victim. Externally all the exposed parts of the body, the face, neck, hands, and feet, were densely blackened with very tenacious soot. The hair and clothing were similarly smutted, the soot being of a moist or greasy character, and emitting a penetrating and persisting odor of illuminating gas, like that observed in the room of the deceased. No part of the body showed any evidence of burn. On the dependent parts of the body especially, and to some extent on the upper portions also, were patches of post-mortem lividity, faint in outline and pink in color. There was no sign of putre-

¹ Concluded from page 567.

faction. The jaws were firmly set, and the tongue was in normal position behind the teeth. There was no froth at the lips or nostrils. The lips and gums were blackened with soot. The eyelids were partially opened, the pupils were semi-dilated, the cornea was dull. Rigor mortis was unusually marked. Upon exposing the muscles of the chest walls and abdomen their bright, florid, vermilion color was immediately noticeable and striking. The heart was fully distended on its right side; the left ventricle was empty and firmly contracted. Anatomically the heart was normal; its color was bright red. The pericardium contained an ounce and a half of clear, straw-colored fluid; the blood throughout the body, arterial and venous alike, was uniformly fluid in consistency and of a lobster-red color. The lungs, externally, were of a pinkish-gray tint, with numerous small points of a darker color, from two to three millimetres in diameter, the so-called capillary ecchymoses of Tardieu. On section the lung tissue was uniformly bright red in color, rather dense, with only moderate crepitation on pressure, and exuding numerous points of fluid blood from the cut vessels. The odor of coal-gas was distinct. The trachea, larynx, and bronchi contained mucus in a condition of coarse froth, abundantly mixed with soot down to the smallest branches. The mucous lining of the air-passages was injected and of a florid color. The deposit of soot was manifest in the pharynx, in the upper part of the œsophagus, and on the tongue. The peritonæum was fully injected, the vascular distribution showing finely in all its parts. The kidneys and liver were hyperæmic, the kidneys especially so. The spleen was enlarged and of a cherry-red color; its section exuded blood freely. The stomach presented its muscular coat thrown into prominent folds or rugæ; its mucous membrane was injected, at the fundus especially. There was a single spot of submucous ecchymosis. The organ was empty. The intestines presented various degrees of hyperæmia, from uniform pink injection to distinct submucous extravasations. The bladder was moderately distended with clear urine; its mucous membrane was somewhat injected. The scalp exuded blood freely on section. The vessels of the dura mater were distended with cinnabar-red blood. The vascular meninges were engorged. The lateral ventricles of the brain were empty. The choroid plexus was bright red and prominent. The puncta cruenta were abundant and carmine colored.

Reviewing and summarizing these post-mortem appearances, we have: (1.) Well-marked cadaveric rigidity, with entire absence of putrefactive change, twenty-nine hours after death. (2.) Abundant deposit of a peculiar soot on the surface of the body, and in the mouth, pharynx, and air-passages. (3.) Post-mortem lividity of a peculiar color. (4.) Universal fluidity of the blood. (5.) Uniform vermilion color of the blood. (6.) Hyperæmia of the lungs. (7.) Hyperæmia of the right

side of the heart and of its vessels, afferent and efferent, with vacuity and contraction of the left ventricle. (8.) Capillary ecchymoses under the pulmonary pleura. (9.) Froth in the larynx, trachea, and bronchi, with injection of the mucous membrane. (10.) Injection of the abdominal viscera, especially of the kidneys. (11.) Hyperæmia of the brain and of its meninges.

This assemblage of cadaveric signs could leave one in little doubt that the death of this man was due to asphyxia by suffocation. Entirely consistent with this view is the engorgement of the right cavities of the heart and of all the important viscera. The kidneys were unusually injected, a condition which Casper emphasizes as peculiar and constant in death by asphyxia. Especially valuable as diagnostic signs are the fluid condition of the blood, the injection of the mucous membrane of the air-passages, the presence in those passages of mucous froth mingled with soot, the formation of capillary subpleural ecchymoses. All these appearances mean the arrest of the mechanical functions of the lungs, quickly eventuating in a destruction of the chemico-vital processes performed by these organs. The suspension of these necessarily involves, in a very brief space, a cessation of the heart's action and of the functions of the brain. It is death beginning at the lungs by a partial or complete exclusion of respirable atmospheric air. Of these various phenomena that of ecchymoses on the surface of the lungs has received much attention at the hands of judicial pathologists. Tardieu has given the subject special study, and it is his belief that this appearance is peculiar to this form of death. It is a sign of great value and prominence in the lungs of infants suffocated. But that this sign is exclusively and constantly applicable as a test of death by suffocation is denied by some observers,¹ who insist that, while it is nearly uniform in this mode of death, it is to be found also in the bodies of those who have perished by other forms of apnoea, and even in still-born infants killed by interruption of the placental circulation. Occasionally, the punctiform extravasations are observed on other surfaces, the pericardium, the aorta, and the diaphragm, but their most frequent and abundant development is on the surface of the lungs and on the thymus gland. Their number varies from a few disseminated points to a number so great and so distributed as to give rise to concrete patches, though this latter degree is very rare. Their size varies from that of a small pin's head to that of a split pea. They are true ecchymoses, and are due to the rupture of the capillaries from over-distention occurring, according to Lukomsky, when ineffectual efforts at expiration continue.

But the fact is readily recognized that we not only have here the acknowledged signs of death by suffocation, but that at least one of these signs determines for us a special form of suffocation. The peculiar

¹ Simon, Moschka, Bohn, Ogston.

abnormality in the appearance of the blood affords a basis for the conclusion that the death was the result of blood-poisoning as well as of apnoea. Instead of the usual condition of the blood in asphyxia, the predominance of the venous character, we have a bright, cinnabar-red color everywhere present, in arteries and veins alike, giving to the various tissues and organs a remarkable appearance, and indicating the action of carbonic oxide gas introduced to the system through the lungs. If there were no other evidence, this sign alone would guide us to a decision that this man, just before his death, had inhaled this peculiarly noxious agent in fatal amount. In point of fact, however, the condition of the gas fixtures in the building, the presence of the unmistakable odor of illuminating gas, and the abundant deposit of a characteristic soot correspond very fully with this extraordinary anatomical change, and readily indicate the source of the carbonic oxide which contributed to the fatal result. One is thus provided amply with data for a diagnosis of the cause of the death, and of the probable sequence of the attendant circumstances. A reasonable theory is that the incendiary, having the satisfaction of an old grudge in view, entered the building, as it was proved that he could easily do, and fired it by letting on the gas as fully as possible in the second story, and providing a means of ignition sufficiently slow in action to enable him to escape. The gas gradually diffusing in the building reached Y.'s apartment. Awakened by the odor, he left his bed hastily, and opened the door of his room; at the threshold he was met by a greatly increased amount of the asphyxiant gas, and was prostrated thereby. In this situation the carbonic oxide, supplemented presently by the great rush of soot and smoke, the building being now on fire, quickly finished its work of suffocation.

The behavior of carbonic oxide gas in the system, whereby its poisonous effects are manifested so strikingly on the blood, is still a question involved in some obscurity. Recorded cases of asphyxia from this cause have not been so numerous as to deprive new instances of the quality of novelty. I have not been able to find any reported cases in which the gas produced its fatal results in the fashion here described. Generally the asphyxia has proceeded from the inhalation of charcoal vapors, a favorite method of suicide in France. Occasional cases of the accidental admixture of illuminating gas with the air of inhabited rooms have occurred with fatal effects, and a few instances are recorded in which lime-kiln vapors have caused death by this form of asphyxia.

Various theories have been advanced in explanation of the mode of action of carbonic oxide in the blood, and to account for the peculiar and permanent change produced thereby in that fluid. Bernard,¹ impressed by the great contrast in the appearance of the blood between

¹ *Leçons sur les Substances Toxiques*, page 154.

cases of carbonic acid poisoning and those of poisoning by carbonic oxide, declared that in the former class the venous blood is prevented from becoming arterial, while in the latter class the arterial blood cannot become venous. Other authorities, Klebs and Lehmann, for example, consider that carbonic oxide acts like a narcotic on the organs of the central nervous system, producing an atony of the muscular coat of the blood-vessels, and so stasis and hyperæmia. But the generally accepted view among toxicologists and physiologists is that the carbonic oxide gas, inhaled and presented to the circulation through the lungs, enters into a stable combination with the hæmoglobin in such a way and to such a degree as to render the blood incapable of sustaining life. The quantity of carbonic oxide required to kill is difficult to estimate. Many experiments on animals have been made, and the amount of the gas necessary to produce fatal poisoning has been carefully studied from that point of view. Thus Tourdes¹ proved that one part of the gas in seven of air killed rabbits in seven minutes. Leblanc's and Dumas's experiments show that air containing so small a proportion as one per cent. of the gas will kill a dog in one minute and a half, and that birds will die instantly in an atmosphere containing five per cent. But to reason from these artificial experiments on animals to human subjects would be manifestly unsafe. It is well established by observation that there is considerable difference in predisposition in different individuals, some persons, for reasons that are quite obscure, exhibiting a complete immunity on exposure. Children perish in the presence of the gas more quickly than adults.

While the change in the color of the blood, as described, is truly diagnostic of carbonic oxide suffocation, the absence of that sign does not exclude this form of asphyxia. The following is an illustration of this exception: A young woman took a lodging-room in a hotel in this city. She retired at half past seven in the evening, the gas in her room having been lighted for her beforehand. Nothing more was known of her until one P. M. of the following day, seventeen and a half hours later. The chambermaid was then attracted by the smell of gas in the entry, and going to the door of the girl's room she heard low moans within. Help being called, the door of the room was forced. The windows and all other openings in the room were found closed, and the chambermaid and her companions were nearly overcome on entering. The stop-cock of the gas fixture was found to be turned so that gas escaped freely. The lodger was comatose, livid, breathing heavily, and with a moaning expiration. There were no convulsions. Medical help was summoned, and active efforts were made to stimulate the patient. The breathing improved temporarily, and the skin became more natural, but consciousness was not recovered, and the patient sank steadily and died.

¹ Woodman and Tidy's Handy Book of Forensic Medicine, page 557.

At the autopsy, nine hours after death, post-mortem lividity upon the upper as well as the dependent parts was well marked. Froth escaped from the nostrils, and was found filling the air-passages. The mucous membrane of the bronchi was injected, and of a reddish-brown color. Section of the lungs showed marked incision of those organs, the color being dark. There was venous engorgement, the right cavities of the heart were distended, the left ventricle was moderately contracted. The blood was fluid and of a dark, almost black, color in all parts of the body, in marked contrast with the florid, lobster-red color in the case of Y.

RECENT PROGRESS IN SYPHILOLOGY.¹

BY EDWARD WIGGLESWORTH, M. D.

*Relations of Syphilis to the Public Health.*² — Dr. Sturgis, of New York, in a pamphlet read at the annual meeting in Philadelphia, November, 1874, tabulates the statistics upon syphilis in the armies, navies, and civil hospitals of the leading nations, and arrives at these conclusions: —

I. Syphilis is probably widely spread and possibly increasing in extent. This opinion, from the imperfect means at our disposal, must for the present at least remain more or less conjectural.

II. The question of the fatality, so far as the acquired form of the disease goes, may be answered in the negative, but the excessive mortality in the congenital variety renders it serious and alarming. One cause of consolation remains, however; that is that the disease does not probably extend to the third or fourth generation, usually dying out with the second, nor does it usually transmit any specially vitiated vitality to the later descendants of the original sufferer.

III. Acquired syphilis is comparatively harmless and congenital syphilis fatal in their influence over the course and development of other diseases. The danger to the public health lies more in the transmitted than in the acquired disease, and whether this be permanent and dangerous, or only temporary and remediable, must remain for future investigation to determine.

Finally, the defective registration of this class of cases should be remedied.

*Nature, Origin, History, and Public Prophylaxis of Venereal Diseases, and the Doctrines of Syphilis.*³ — Dr. Kennard, of St. Louis, calls attention to the fact that syphilis is rare in countries where polygamy is practiced, and considers that venereal diseases originate from the pro-

¹ Concluded from page 573.

² H. Truss, Jr., 15 New Church Street, New York, 1877.

³ Reprint from St. Louis Medical and Surgical Journal, July, 1878.

miscuous indulgence of females, one woman receiving in a short time the embraces of several men, a transgression of nature's laws by the female. Syphilis is mostly prevalent among the highly civilized, Christian people, because their females are taught to believe that a loss of chastity cancels every good trait in their nature, and compels them to make beasts of themselves; and yet society is so organized that women can barter their bodies for money and men will pay for sexual gratification. While this is so women will indulge indiscriminately, venereal disease will be propagated, and all that can be done is to keep prostitution under control. If the blind prejudices of preachers against the practical control of prostitution, which has never been checked in the slightest degree by their efforts, could be counteracted, and the strange and unnatural desire of certain females to interfere with the control of that evil could be checked, we might not only control syphilis, but prevent a vast deal of crime and misery which originates from unrestricted harlotry. Acton, of London, in an essay read as long ago as 1873 before the British Medical Association, stated that "without an intimate acquaintance with the laws of syphilis no one can venture to legislate on what are now known as contagious diseases; the passage of acts bearing upon those diseases must be attributed to the attention which has been called to the frequency and severity of syphilis. On sanitary grounds, twenty-seven hundred medical men have during the last session urged the continuance of these acts." In fact, no one now contests the beneficial influence of their operation on public health. The acts have a moral tendency; the disease may perhaps be stamped out.

"What a contrast between these twenty-seven hundred fearless English physicians, proclaiming their honest opinions, and the hundreds of time-serving American practitioners, who, although they knew that the social-evil law was the best law ever enacted for the purpose of controlling prostitution, opposed its enforcement from considerations of policy! — being afraid to support an act which not only regulated the worst of all evils, but relieved the honest portion of our community from the expense of supporting harlotry with all its horrible consequences. Let the preachers and physicians and pusillanimous legislators who succeeded in having our social-evil law repealed join hands with their misguided sisters and congratulate each other upon the present flourishing condition of prostitution in St. Louis; upon the immense expense which they have saddled upon our taxpayers without sense or reason; upon the protection and encouragement that they have afforded prostitutes; and upon the general diffusion of venereal disease throughout our city!"

*Immunity of certain Mothers of Children affected with Hereditary Syphilis.*¹ — Dr. Hyde, of Chicago, in a paper read at the first annual meeting of the American Dermatological Association, presents the following suggestions: —

¹ Reprint from Archives of Dermatology, April, 1878.

"I. That if the possibility of the occurrence of conception without maternal infection be admitted, it follows that direct infection of the wife by the husband may occur at any subsequent period of the gestation. Hence the date of appearance of maternal syphilis cannot be urged in support of the so-called 'syphilis by conception.'

"II. That inasmuch as the blood of the husband is capable of transmitting the disease directly to his healthy wife, the non-contagious character of the lesions exhibited by the former cannot be urged in favor of his innocuousness during the pregnancy of the latter.

"III. That many of the physiological and pathological phenomena of pregnancy render it highly probable that syphilis of the mother should exist without external manifestations; there being further evidence of the fact that puerperal and scarlet fevers and erysipelas in the human female, as well as spontaneous vaccinia and equinia, are contagious diseases, connected with and often originating in abnormal puerperal conditions.

"IV. That the mode of development of the fertilized ovum demonstrates the phase of its physiological independence of the maternal organism, the placenta discharging a respiratory function and presenting an effectual barrier against intra-uterine infection.

"V. That there is evidence to show that not only trichinæ, but various other poisonous organisms are incapable of transmission through the placental parietes; and that the proofs of such transmission in the case of the exanthematous fevers, and variola in particular, cannot be considered as fully established.

"VI. That the full weight of Colles's law is to be estimated in connection with the question whether the child whose hereditary syphilis is derived from the mother exclusively is capable of infecting its healthy father; and if no instance of this latter can be adduced, a higher law becomes defined, namely, that the child whose hereditary syphilis is transmitted by one parent only is incapable of infecting either.

"VII. That if such immunity be established, it is probably due to the fact that the syphilis-bearing cell element cannot readily be implanted upon the soil from which it sprang, — a fact illustrated by the infecundity of consanguineous marriages and the non-auto-inoculability in general of the primary lesion of syphilis."

Late Hereditary Syphilis. — Dr. I. E. Atkinson reports¹ the case of a girl aged sixteen, who had obstinate "sore throat" at nine years of age, and two years ago ulceration with loss of bone from the hard palate, and a pimple on the upper lip, which, after cauterization, spread rapidly over the nose and both cheeks. In a year's time the nasal septum was entirely destroyed. About a year ago cicatrization began, while elsewhere the disease was spreading steadily though irregularly.

¹ American Journal of Medical Sciences, January, 1879, page 71.

White precipitate ointment alone had been of any benefit. Both parents show evidences of constitutional infection. The spread of the disease was too rapid for lupus, and the ulcer of the skin was preceded five years ago by pharyngeal ulceration, whereas lupous affections of the mouth and fauces are contemporaneous only with lesions upon the skin, and usually directly continuous with these. Destruction of bone (hard palate) is certainly very rare in lupus. The disease yielded speedily to iodide of potass internally, and white precipitate ointment externally. The recognition of the nature of the disease in this case at an early period would have resulted in prompt and complete arrest of the disease process, whereas at present a dreary and joyless future at best is all she can hope for.

"Late hereditary syphilis, even of very grave character, may occur in individuals who during infancy suffered from symptoms of their inherited disease, so mild and unimportant as to escape recognition." A review of the recorded cases of late hereditary syphilis reveals an astonishingly large proportion of lesions of the character just referred to. Vide Lancereaux, Laschkewitz, Klink, Wilks, Levin, Dron, Chaboux, Ziessl, and many others. Even, then, should there fail the notched teeth, the signs of interstitial keratitis, past or present, the flattened bridge of the nose, the linear cicatrices of the mouth, and the protuberant forehead, yet, if a patient who has never acquired syphilis presents destructive lesions, or their remains, of the pharynx and fauces, of the hard and soft palates, or of the nasal cavity, the possibility of inherited syphilis should be, at least, borne in mind.

Dr. Bulkley read ¹ before the American Dermatological Association, September 6, 1877, two cases of very late hereditary syphilis: I. A girl, aged twenty-three, but not looking more than thirteen, was brought in consultation for treatment for lupus. The usual signs of inherited syphilis were present. No early manifestations. The first evidence was a gummous formation upon the arm, nine months previously. The mother admitted syphilis, and, what is worth far more, showed clear evidences of having had the disease prior to the birth of this child. The disease yielded to specific treatment. II. Mrs. H., aged twenty-four, had at five years of age a deep sore near the ankle, lasting five months, and leaving a scar. At seven years of age a tubercular eruption appeared, and has continued ever since. Gradual absorption of the centre of the frontal bone without external ulceration has been going on since she was sixteen. "A sister, aged thirty, has the same eruption, and her sister's children are also affected." Until lost sight of this patient was improving under specific treatment.

¹ Archives of Dermatology, April, 1878, page 123.

THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Responsibility of the Medical Profession for the Abuses of Free Medical Services.— At the last regular monthly meeting of the society, March 24th, a paper on the above subject, which had been presented to the New York State Medical Society at its late meeting in February, and by it referred to the various county societies, was read by Dr. F. R. Sturgis, house physician to the New York Dispensary. The abuses referred to were so notorious, he said, that it was scarcely necessary to do more than glance at them. In the report of the committee on the abuses of medical charities appeared the following sentence: "In fact, the number of persons receiving such [dispensary] aid in this city has been estimated at from 250,000 to 300,000 in a year, and it was stated at a meeting held April 12, 1877, that from thirty to thirty-five per cent. of the whole population of New York was receiving medical advice gratuitously." He claimed that it was the doctors who were in the main responsible for this abuse, as but for their acquiescence in it it could not exist for one day, and said that he had often been surprised in conversing with physicians to see the absolute apathy which some of them exhibited on this subject. The trustees of the various dispensaries, he believed, were, as a rule, ready and willing to listen to reasonable remonstrances from their medical men, and in cases where these were treated with indignity it was but too often the doctors' fault. "A man seldom receives insult," said he, "except he has brought it upon himself, and the meekness with which many medical men stand prepared to pocket kicks if they can get a desired appointment, the haste with which they rush for place, the wire-pulling, log-rolling, and pipe-laying which go on in order that a position may be obtained, tend to disgust any board of trustees, and to lower its estimate of the medical profession. And small blame to them! It would seem incredible, but from actual observation, how almost impossible it is to get medical men to pull together in any question which concerns their common good where they have to give up some private interest; but such, I believe, is fully the fact, and trustees of public institutions, knowing this, usually ignore medical men in questions where, from their special knowledge and training, they would be eminently fitted to give advice."

Dr. Sturgis then went on to speak of the plan pursued by the New York Dispensary, which was the first of this class of institutions in the city to exact any payment from patients. In May, 1876, it began charging its male venereal patients the sum of ten cents for each prescription, and in the following month its female venereal patients, with the understanding that the medicine should be furnished gratis to those really unable to pay. The percentage of paying patients in these two classes was of males ninety, and of females fifty; and at the end of the year the sum thus derived amounted to \$617.93. In 1877 the percentage increased respectively to ninety-five and seventy-seven, and the amount of money received was \$1007.05. In April, 1878, the same rule was extended to all classes attending the dispensary, and by December 31st the total amount received was \$3472.25; the percentage of paying patients of those charged being of males ninety-five, and of females ninety-three. Although in the New York and some of the other dispensaries care was taken to exclude all those

who were able to pay a physician, there was nothing to prevent these institutions from competing directly with the doctors. That this might occur was by no means an idle fear, since one of the large and rich hospitals (the New York) was already actively engaged in the cheap medical business, taking any and every patient, irrespective of position or money, for a small monthly stipend, and without having the grace to pay its medical men for their services. Yet the latter seemed to acquiesce in this arrangement as a matter of course. He believed sincerely that unless the medical profession got some control over this question of public medical charities, the public charities would get control of the profession; and he trusted, therefore, that the profession, by some united action, would insist upon a thorough and radical change in the management of these charities. It was a favorable time for such interference, because even the non-professional public was now waking up to the existence of the abuses referred to, and he felt sure that the State Board of Charities would heartily coöperate with medical men in the correction of them.

There were two points particularly to which strenuous opposition should be made: first, the increase of free dispensaries; and, second, the use of public moneys for the support and maintenance of private charitable institutions. The number of hospitals and dispensaries in New York city was already something marvelous, while if the so-called excise fund (obtained from the sale of licenses for the privilege of selling spirits and malt liquor) were taken at all for charitable uses, it ought to be expended upon the *public* city charities, and not upon the *private* ones, which should by no means be supported at the public expense. In 1878 taxes were levied, among other things, for

Charities and corrections	\$1,160,000
Asylums, reformatories, and charitable institutions	948,840
Total	<hr/> \$2,108,840

Reckoning for corrections, at most, \$1,160,000, a balance would be left of \$948,840 for charities. In addition, for the same year, \$111,571 was paid by the controller of the city of New York for dispensaries, asylums, etc.; and this was claimed to be absolutely wrong and unjust to the taxpayers and contrary to the public good.

In remedying the abuses one important step would be gained if the various county medical societies should protest against the granting of charters to hospitals and dispensaries where they were deemed unnecessary. The next point would be that the dispensaries and public medical charities should, unless good reason to the contrary exist, rigidly exclude from the benefits of such institutions all cases in which, upon examination, the patient was found able to pay the minimum fee of a physician, say one dollar, while charging those who were unable to pay this a small sum for medicines, though excepting the absolutely destitute. This was already being done in some of the dispensaries, and it was hoped that the plan would shortly be pursued in all of them. The third step would be a modification of the medical staff of the dispensaries. Instead of making the service, as now, on alternate days, it should be changed to a continuous one, and the attending physicians should be paid for their services. If it were urged that this was putting the charitable aspect of the case entirely out of the question, Dr. Sturgis claimed that the latter was just what was de-

sired, since a very large percentage of medical charity was undoubtedly a delusion and a snare, and the sooner it was swept away the better chance would there be for the correct understanding of the subject. There was no good reason why the doctors should be the only unpaid employees of a dispensary or hospital, since their time and skill were as valuable as any in the community, and their education, which for a long period was unremunerative, had cost them money as well as time.

All this supposed the management of the dispensaries still in the hands of a non-professional board. One other plan was proposed, and that was that medical men should have the full control of the dispensaries in which they worked, and in the following manner: Let any given number of physicians start a dispensary for themselves, — not a free dispensary, but a paying one, one that will be self-supporting, under a board of their own attending staff, asking no one for money for its support, but making those resorting to it pay (when able) for the services rendered. This would, it was believed, pay expenses, and in a short time after its inception allow of a surplus to be divided among the doctors, and thus remunerating them to a certain extent for their time.

In consequence of lack of time for the discussion of Dr. Sturgis's paper on this occasion, it was resolved that a special meeting of the society should be appointed for this purpose. At this special meeting, which was held April 14th, Dr. Sturgis, in opening the discussion, remarked that, while some of the profession were utterly indifferent to the matter, he believed that a sufficient number of them were alive to its importance to be able to accomplish a good deal in the way of reform, although this would undoubtedly take time. It was in the power of physicians to refuse their services in all cases where they did not believe the patients deserving of free treatment. The impression was more or less prevalent in the community that the dispensary doctors were regularly paid by the city, and hence that anybody had a right to apply to them for gratuitous treatment. Much might be accomplished at once if the medical boards would enter into a more free communication with the boards of trustees; and he believed that the time would come when all the dispensaries would be under one common management, — an arrangement desirable from a charitable point of view as well as in accordance with the principles of political economy. If these bodies were once united under one organization it would be much better for the profession financially, because a large number of patients who now receive medical attendance gratuitously, or for a merely nominal sum, would then be obliged to consult private physicians.

Dr. R. J. O'Sullivan said that in the autumn of 1877 a special committee had been appointed by the society for the purpose of investigating and reporting upon the subject, and that after holding a number of consultations they had made their final report about a year ago. This was referred to the *comitia minora*, which, after deliberating upon it for several months, returned it to the society with the recommendation that it should be referred to the state society, after which the matter had apparently been allowed to drop. He was therefore glad to see this renewed interest in the subject on the part of the members. The abuses mentioned were due, he thought, in part at least, to the very large numbers of young men graduated every year from the medical colleges, and the general scramble for positions in which they all at once engaged

whether qualified for them or not. Very little discrimination was made in conferring appointments, and he thought the older and more prominent members of the profession were very culpable for so readily assenting to write the most flattering recommendations of the various applicants. He had had an experience of fifteen years in one of the largest dispensaries in the city, and he believed that the great majority of dispensary trustees always treated the gentlemen of the medical staff with consideration. At the same time they knew very little indeed of the latter, as a rule, and for one he believed that the power of appointing to such positions should not belong to the trustees at all. This great matter of abuses of medical charities (to which, alas, so many of the profession were totally indifferent), he thought, could not be disposed of by medical societies, but was to be reached mainly through public opinion. It devolved upon medical men, however, by their united action to influence public opinion on the subject, and he believed that when a number of the most influential citizens had thus had their interest awakened in the subject the desired reforms could be carried through.

Dr. H. D. Noyes remarked that Dr. Sturgis's paper discussed mainly two points, namely, (1) the relation of the board of trustees of the dispensary to its medical staff, and (2) what means might be adopted for preventing unworthy patients from receiving treatment. In regard to the first he would say that, after a very considerable experience in dispensary work, he had been led to entertain a great respect for the members of boards of trustees, and he believed any reasonable proposition coming from the medical men would always be treated with due consideration by them. In the Eye and Ear Infirmary, with which he had long been connected, the trustees had adopted the plan of making one of the attending physicians a member of their board, and of entrusting to him, under their supervision, the entire management of the medical affairs of the institution. Hence every request coming from the medical staff met with a most respectful reception.

As to the second point, he had no doubt that a considerable number of applicants at the dispensaries were perfectly able to pay something, and agreed with what had been previously said, that much abuse of these institutions was principally due to a mistaken public opinion, and to indifference on the part of medical men themselves. Still, many of the attending physicians at the dispensaries had for years been endeavoring to eliminate unworthy patients from their classes. This work, he thought, should be further extended from motives of justice to the public, to the charitable purposes of the dispensaries and other organizations established for the relief of the sick poor, and to the medical profession. Again, the profession was responsible for these abuses in a sense which had not as yet been alluded to. Thus, a great many physicians, when they had troublesome cases on hand which were not likely to prove very remunerative, or such as they desired for any other reason to get rid of, were in the habit of sending the patients to the dispensaries, although knowing perfectly well that they had not the slightest right to apply to these institutions. Dr. Noyes related a very flagrant instance of this, which he said was only one case out of many that he might mention. It was a very wide-spread abuse, which extended to the country practitioners within a radius of many miles of

New York, as well as city physicians; and it showed a great want of consideration on the part of many medical men. He did not know of any way of getting rid of the abuse of medical charities by the public, except the establishment of what looks like a board of detection in connection with all dispensaries and similar institutions. The real difficulty lay in how to discover the facts in each instance, as it had been proved over and over again that the accounts which patients gave of their own circumstances were by no means always to be trusted. One other thing he thought would obviate the difficulty to a great extent, and that was that physicians in private practice should not be ashamed of accepting small fees in cases where the patients could not really afford more. It was better for the patient, as well as the physician, that he should pay even twenty-five cents than nothing at all.

Dr. M. H. Henry considered that this was the most important subject that had been brought before the county medical society for a number of years. These abuses of medical charities cried unto heaven, he said, and yet there seemed a strange hesitancy on the part of the profession to attack this great ulcer, which was really eating away the support of most of the younger men in it. But their continuance or suppression involved the question not only as to whether or not these young practitioners were to make a living by their profession, but also as to whether there was in the future to be any advance in medical science here; since the vast amount of work towards this end, as was well known, was accomplished by the young men, on account of the greater amount of time at their disposal and their more fervent zeal. At the present day, when there were such a vast number of hospitals, college clinics, and dispensaries (all more or less in direct competition with him), there was very little chance indeed for a young practitioner to make a decent living in New York. The large and thoroughly organized dispensaries situated in the several districts into which the city had been divided, he believed, were fully capable of caring for the wants of the absolutely destitute, and he thought that all others, (with the exception of one or two special institutions, like the Eye and Ear Infirmary and the Ophthalmic Hospital) should be discountenanced and discontinued, if possible. Contributing to them was simply a foolish waste of money, as well as a positive injury to the medical men of this city. The greatest outrage that had ever been perpetrated against the profession here was the opening of the out-door department of the New York Hospital, when its authorities advertised throughout the length and breadth of the country that the best medical advice of the metropolis could be obtained (by anybody, rich or poor) for the magnificent sum of one dollar per month. There was not the slightest occasion for having a dispensary within a few feet of Fifth Avenue, and surrounded by handsome club-houses and the homes of the wealthy; and yet the medical staff of the institution meekly submitted to the arrangement because, forsooth, they were afraid of incurring the displeasure of the governors. So, in other institutions, the physicians were afraid of losing influence with the board of trustees. It was high time, therefore, that the profession was awaking from its lethargy and taking a bold stand. Let it insist, said he, that its members should have a fair representation on all such governing boards, and let it put its foot down on all irresponsible institutions.

Dr. C. R. Agnew thought that a very earnest and thorough effort should be made to do away with this abuse, which he believed had sprung in a great measure from two causes. The first was the immense burden of pauperism now existing in all our large cities. There was a time when it was thought that there was no such thing as indigenous American pauperism, while such as we had was derived entirely from foreign countries; this was certainly no longer the case. The second cause referred to was the increased interest in the study of medicine within the last twenty-five years, in consequence of which a much larger number of young men had gone into the profession. The question as to whether a young physician could earn a livelihood from his practice depended to a great extent on the general principles of political economy, or, in other words, upon the state of the market to which he brought his wares. Hence it was our duty to cleanse that market, and give the laborer in it the best opportunity to dispose of his services. To this end it was desirable that the boards of trustees of all charitable medical institutions should govern them in a systematic, wise, and scientific manner; and one of the first principles to adopt in so doing was never to give treatment to any individual who could afford to pay for advice elsewhere. Therefore, at the door of every such institution there should be a lynx-eyed but courteous verger, who should investigate the circumstances of every applicant. As a society, of course, we could not coerce these boards, but we could at least explain to them clearly the principles on which their institutions should be managed.

Dr. Erskine S. Bates, who was one of the committee formerly appointed by the society to investigate the subject of abuses of medical charities, read some interesting statistics to show of how much money value were the services which the physicians of New York annually rendered to these institutions, and contended that the medical staff should always receive salaries, as well as the other individuals employed in them.

After remarks by Dr. H. G. Piffard and another member, who advocated united action on the part of all the dispensaries, and the appointment of visitors for the different districts of the city (as in the case of the Association for Befriending the Poor), through whom every application to these institutions should come, the further discussion of the subject was postponed to another special meeting of the society, to be held on Monday, April 1st.

(To be concluded.)

RECENT SURGICAL WORKS.

THERE are certain general characteristics belonging to all surgical textbooks which seem to have been inherited from the literature of a previous generation, and which, in spite of the radical changes in the methods of the study and practice of surgery, are still adhered to even by the very latest aspirants for literary honors. The many admirable treatises on special subjects which have made their appearance of late years have relieved the text-book writers from a serious and, we should think, irksome responsibility. It is a matter, therefore, of surprise that we still find in these works an attempt to cover the

whole of a certain conventional area dedicated in old times to surgery; that it is thought necessary to devote a certain portion of a very crowded book to several diseases, to the eye or ear, by every one who undertakes to write about the various forms of injury to which the human body is liable. It is a conviction daily growing stronger that could all the subjects which are now taught in special treatises, such as tumors, operative surgery, and those already mentioned, be discarded from the text-book, the remaining portion would be handled in a far more satisfactory manner than has hitherto been attempted.

It is perhaps in the recognition of some such principle that Dr. Agnew has modeled his treatise on the *Principles and Practice of Surgery*,¹ the first volume of which has recently appeared. This embraces, beside injuries of the various portions of the body, diseases of the bones and arteries, chapters on surgical diagnosis, inflammation, wounds, and surgical dressing; also one chapter on the "ligation" of arteries. All this is strictly surgical, and no chapter, except perhaps the latter, could with propriety be omitted. It remains to be seen whether the departments to which we object have not been reserved for the second volume.

The chapters on inflammation and wounds are comprehensive, and show an extensive knowledge of surgical literature. The subject of repair is well handled, and there are many new and instructive illustrations, but there is a very meagre account of the various forms of surgical fever, which are only incidentally alluded to. We notice among the methods of treating inflammation that the author retains the views of old-fashioned surgery in regard to the efficacy of mercury and tartar emetic, while the description of the antiseptic method is exceedingly brief, and the chapter on surgical dressings contains little that is not to be found in books written over a quarter of a century ago. This is hardly giving due prominence to what may be called the modern art of treating wounds.

The most striking feature of the book is that part appropriated to fractures, nearly one hundred pages being given to statistical tables on the treatment of fractures, the greater part being devoted to cases of pseudarthrosis, of which there is a collection of nearly seven hundred. Turning to other portions of the work, we find one hundred pages given to aneurism, a very clear and systematic treatise on hernia and on the various forms of intestinal obstruction. It is in these portions of the work that the writer has shown an unusual amount of industry and ability as a surgical teacher. Too much praise can hardly be awarded to the author for his enterprise, we might almost say boldness, in entering upon a field in which so many laurels have already been won by colleagues, and in which he has fully sustained the reputation of his native city. We shall look with great interest for the second volume of this book, which will doubtless assume at once the position of a standard work of reference for American surgeons.

That the University of Pennsylvania is bound to sustain its old reputation

¹ *The Principles and Practice of Surgery*. Being a Treatise on Surgical Diseases and Injuries. By D. HAYES AGNEW, M. D., LL. D., Professor of Surgery in the Medical Department of the University of Pennsylvania. In two volumes. Vol. I. Philadelphia: J. B. Lippincott & Co. 1878.

and gives no signs of decaying vigor in its faculty, is shown by the fact that another of its members has already brought out a second edition of a valuable work in this department of medicine. Dr. Ashurst's *Surgery*¹ is as compact and comprehensive a treatise as any to be found in the English language. It is emphatically a text-book, and one particularly well adapted for the use of students. The author's well-known familiarity with the whole domain of surgical literature gives his writings a peculiar value. Evidences of this are seen on almost every page. We find mention of many of the rarer forms of surgical disease, with due appreciation of their true character, such as, for instance, perforating ulcer of the foot. The latest contributions to practical surgery are embodied in this edition, and due attention is always paid to original investigations of others. The nature and treatment of shock are more clearly described than in most works of the kind, and the author's views of inflammation and its treatment are succinctly and plainly stated. The illustrations are unusually good, and in the chapter on amputation we find a valuable feature, the delineation of the results of the various methods. The chapter on tumors is of course very brief, and modern pathologists might be disposed to criticise many points, such as the recognition of an osteoid cancer and the classification of the epitheliomata in a separate group from the carcinomata, but it is fair to say that the subject is treated better than in most surgical text-books. We can safely recommend Dr. Ashurst's work as one of the best books that we know of to place in the hands of the beginner, to say nothing of many features which make it valuable to the oldest students of the art for reference.

The rapid strides made by science are nowhere more clearly marked than in the chameleon-like changes of a popular work as each new edition makes its appearance. The announcement that a new edition of Dr. Hackley's translation of Billroth's *Surgical Pathology*² is a matter of genuine interest to all surgeons who have a "scientific" bias, as well as those who have a taste for well-written books. The chief additions are to be found in an appendix, an inconvenient form for the general reader, but an arrangement rendering it easy to determine their character. Due prominence is of course given in this edition to the Lister dressing, and the rôle played by the omnipresent bacterium is discussed as might have been expected by the learned author of a ponderous monograph upon that subject. The easy, polished style of these lectures, the off-hand way in which the most complicated processes are explained so as to be easily comprehended by the dullest reader, and the wonderful power of narration possessed by the author place this work, in our estimation, in the very highest rank of surgical literature. The translation has, apart from a few "Americanisms," succeeded in rendering the style of the author with great fidelity, and this is so attractive that one is led unwittingly over ground that under less skillful guidance many would doubtless "fear to tread."

¹ *The Principles and Practice of Surgery*. By JOHN ASHURST, JR., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Second edition, enlarged and thoroughly revised. Philadelphia: Henry C. Lea. 1878.

² *General Surgical Pathology and Therapeutics in Fifty-One Lectures*. A Text-Book for Students and Physicians. By DR. THEODORE BILLROTH. Translated and revised from the eighth edition by CHARLES E. HACKLEY, M. A., M. D. New York: D. Appleton & Co. 1879.

THE MEETINGS AT ATLANTA.

THE annual meeting of the American Medical Association, which will be held next week at Atlanta, Georgia, promises to be one of more than usual interest. The opportunity thus given to the Northern members to meet their colleagues on Southern ground will help to reunite many friendships and revive many associations blotted out by the civil war, and will also enable the association to exercise what we believe to be one of its most useful functions, to bring men together from the most distant quarters of the land to profit by one another's experience. A meeting held under such auspices cannot fail to generate a most cordial feeling of good-will among an influential class in the community, and it would be well for the country could other professional or commercial bodies have equal opportunities to fraternize. The charms of a Southern city at this season of the year will also contribute to the popularity of the meeting. But there are other "side-shows," which of late years have begun to spring up around the great central attraction, and these appear this year to have become unusually prominent. Most conspicuous among these is a mass-meeting, to be held to-morrow, that is, several days before the opening of the association session, in the interests of medical education, — perhaps we might more appropriately say, in the interests of the medical colleges. This is not the American Medical College Association, but a more catholic body, composed of sheep of all colors, both members of the association and those who could not or would not join it. The chief question to be determined is whether any uniform system, which shall be a decided advance beyond the old standard, is possible at the present time. Whether the deliberation of bodies of this character may or may not produce something useful to the cause of medical education we will not pretend to affirm or deny. The present movement, however, has a flavor of mutual insurance about it, taking into consideration the welfare of the present college faculties rather than the future members of our profession, in whose behalf it is ostensibly made. We cannot believe that the problem of medical education will be worked out in any other way than by the individual efforts of the separate schools. The brave and enterprising will strike out for themselves; the timid will huddle together in the rear.

We announce elsewhere a meeting of the Association of American Medical Editors, which takes place on Monday next. We hope some action will be taken by this body towards remedying the present deplorable condition of our periodical literature. It is unworthy of the profession which it pretends to represent, and is a serious obstacle in the way of our obtaining that standing in the professional world which we deserve. One would suppose this would be the most legitimate object of such an association, but we have never heard of any such investigations emanating from its meetings.

The Transactions of the National Association have but just appeared. They are certainly very creditable to that body, and contain a large number of practical and scientific articles. We think, however, the members have a right to demand that their labors should not be obliged to undergo a whole year of incubation before shedding their light upon the scientific world. If such a custom is adhered to, it will be fatal to future progress, for few men of

reputation will submit to such delay. The presiding officer of the present meeting is Dr. Theophilus Parvin, of Indiana, a gentleman widely known and respected, who will fill the office to the satisfaction of both Northern and Southern members. We shall present a report of the meeting to our readers in our next issue. We take this opportunity to express our most cordial wishes for its success.

MEDICAL NOTES.

— On the first Monday in May Mr. G. F. Babbitt becomes a member of the Boston Board of Health, in place of the Hon. A. W. Boardman. The latter gentleman has held a position on the board ever since it was first formed, being appointed in 1875 by Mayor Pierce, and subsequently reappointed by Mayor Cobb. He has faithfully discharged the duties of the office, and his legal knowledge has often been of great service to the board. He resumes the practice of his profession, in which the experience gained by him while in the service of the city must be of great value.

— At a recent agricultural meeting in Darmstadt it was stated that since the adulteration of milk had been so vigorously and severely punished by the police the mortality of infants had decreased about fifty per cent.

— Professor Peter, in *La France médicale*, describes a phenomenal pulse which he discovered in patients who were in the last stages of phthisis. It is a venous pulse, occurring on the back of the hand, and can be seen as well as felt. It becomes more distinct when the hand is compressed so as to arrest the venous circulation; compression of the arm exaggerates instead of suppressing it. Peter therefore concludes that the pulsating blood comes from the left and not the right heart. He considers it due to a paralysis of the muscular fibres of the arteries from the half-asphyxiated condition of the patient. This condition permits such a free flow of blood through the capillaries that the arterial pulsation is transmitted to the veins. During the last moments of life, when the pulsations become feebler, this venous pulse disappears. Peter confesses that the phenomenon is rare, but deems it of great importance from the fact that it heralds the coming of death.

— When Simpson introduced chloroform its use was opposed on religious grounds, people contending that according to Scripture man should endure pain and trouble throughout life. Sir James Simpson cunningly met the argument by saying that before the performance of the first operation known to history, namely, the removal of a rib from a man's side, the man was put into a deep sleep, and knew nothing of the operation.

— As our readers are aware, a bill is now pending in the New York state legislature to have the coroner system abolished. The advantages of this reform are illustrated in Richmond County, where it is stated that not more than one in a hundred of the inquests held is necessary. The county had one of the first boards of health in the country, but prejudice and politics combined to abolish it. The chief objection raised was its expense, but it has been shown that bills of one coroner alone for one year often exceed the total cost of the board to the county.

— According to the *Maryland Medical Journal*, a bill has been introduced in the legislature of Texas to compel *every physician* in the State, without regard to age or length of practice, to appear every three years before an examining board; and unless he prove to the satisfaction of the board that he is making satisfactory progress in the study of medical science it will be considered as evidence that he is not a fit person to have charge of the public health, and his license to practice will be rescinded. It is probable this bill will pass. Such a bill would cause a rattling of dry bones in any State of the Union.

NEW YORK.

— It has been a very long time since as many as three cases of small-pox have been known to occur in New York in one week, as has just happened. A few days ago a child was reported to be dead in a tenement house in the eastern part of the city, and when a health inspector went to investigate the case he found a well-marked variolous eruption covering the body. Of course every effort was promptly made to disinfect the premises and vaccinate the inmates, but a number of them, being ignorant Bohemians (to which nationality the dead child belonged), refused to have the vaccination performed. Three days afterward two other children in the same house were taken down with small-pox, and when Dr. Janes, of the health department, and his assistants came to visit them preparatory to removing them to the Riverside Hospital, on Blackwell's Island, the parents and the rest of the family, learning their intention, became desperate, and endeavored to escape with the children, so that it was necessary to guard the trap-door on the roof and all the other doors of the house until the arrival of the ambulance. The tenement house has again been thoroughly disinfected, and a still more strict watch will now be maintained in the neighborhood. As yet no further sickness has been discovered, and no apprehensions of an epidemic are entertained. The origin of the first case still remains a mystery.

— It is pleasant to record the conviction and sentence of another of those pests of society, the professional abortionists, since it is so seldom that they can actually be brought to justice. A certain "Madame Berger," accused of causing the death of a young woman from Long Island by malpractice, has been found guilty; and although the jury, in bringing in their verdict against the woman, recommended her to mercy on account of her advanced age, the judge very properly gave her a sentence of twelve years.

WASHINGTON.

— By order of the executive committee, the National Board of Health will convene in special session at Atlanta, Georgia, on the 5th of May, and continue in session contemporaneously with the American Medical Association, which meets in regular session at the same place on the 6th of May. The importance of an early interchange of views and the absolute necessity for consultation with health officers, quarantine physicians, and sanitarians generally throughout the United States has led the National Board of Health to make known its contemplated meeting at Atlanta, and urge upon all persons interested in matters of sanitation, whether municipal, state, or national, to be present and counsel with the board. It is earnestly hoped that not only every

State, but that every municipality in the whole country, will be represented, in order that a step may be taken towards securing a general system of health and quarantine regulations, and that by such a gathering of the prominent sanitarians of the United States the interests of all sections may be promoted.

CHICAGO.

— Dr. E. L. Holmes has recently reported to the West Chicago Medical Society a curious case of *objective sounds in the ears*. The patient is a girl of seventeen, and the trouble has continued since childhood, — during all her waking hours. The sounds accompany spasmodic contractions of the pharyngeal muscles. About forty of these occur with regularity every minute. They resemble slight efforts at swallowing. With each spasm there is heard within the ear a clicking sound, being loudest in the left. The sound resembles the rubbing of the nails of a thumb and finger. From the left ear it can be heard eighteen inches away; from the open mouth it can be perceived, but it seems more distant. The lips of the Eustachian tubes open slightly with each spasm. The membranæ tympani were thick and opaque at the upper border. It is Dr. Holmes's opinion that the sounds are due to spasms of the tensor tympani muscles. The girl is anæmic, but the local trouble has not been helped by tonics.

ST. LOUIS.

— At the meeting of the St. Louis Medical Society on April 12th, a committee was appointed to present to the mayor and city council a request that the health commissionership, which becomes vacant in a few days, should be filled by a physician. The present incumbent, Mr. Charles W. Francis, who is not a physician, will probably, however, be reappointed, as the mayor is in favor of his retaining his position, and as also there is quite a strong sentiment in his favor among the members of the profession. It must be said of him that he has made an efficient and satisfactory officer.

— The Missouri State Medical Association will convene at Columbia, in that State, May 21st. It is expected that it will be a very interesting occasion, and will be largely attended by the younger members of the profession.

— A bill has just passed the state legislature prohibiting druggists of less capital than five hundred dollars from selling liquors in any quantity, and those of larger capital except upon the written prescription of a physician or the authority of a dram-shop license. Physicians are prohibited from prescribing liquors, or anything containing liquors, for any other than medical purposes. This bill also requires all druggists to file, in the office of the clerk of the court having jurisdiction of criminal cases within the county in which their stores are situated, all the prescriptions which they have filled containing liquor, in order that they may be inspected by the grand jury.

— The St. Louis College of Pharmacy conferred the degree of "graduate in pharmacy" upon sixteen young men on the 18th ult.

— Health Commissioner Francis has been nominated by the mayor for reappointment, and will undoubtedly be confirmed by the council. His reappointment will be quite welcome to a large number of the profession here, as, although not a physician, he has made a very able officer, and he has the assistance of the health officer, Dr. George Homan.

LETTER FROM NEW ORLEANS.

The Board of Health. — Sanitary Regulations.

MR. EDITOR, — In my last letter the quarantine functions of our board of health were noticed; the present one will continue the subject with a description of the sanitary system in force in New Orleans. This system originated in 1866, previous to which time the board of health was vaguely supposed to have something to do with the sanitary condition of the city, but its mode of proceeding had never been defined.

The approach of cholera in 1866 was the occasion of the passage of a set of sanitary ordinances, by the concurrent action of the board of health and the city authorities, with the execution of which the former body was charged. For this purpose the board was authorized to select four health officers (one for each municipal district), to be paid by the city and aided by a detail from the police force. After a few months the salaries of the health officers were stopped, and the board had to suspend its sanitary work. The city authorities continued to use their discretion in maintaining a sanitary system, at one time making allowance for its support, and at another withholding it, until 1870, when the legislature empowered the board of health to select six sanitary inspectors (four for the municipal districts and two for the suburbs), and call for a detail from the police, and the city was required to provide for the expense. The board was also authorized to enact sanitary ordinances without the concurrence of the city government, but generally this concurrence has been asked and granted.

Since 1870 most of the suburbs of New Orleans have been annexed to the city, so that there are now seven districts, with as many sanitary inspectors, and fifteen sanitary officers, who are commissioned as policemen. All are under the orders of the board of health, but their salaries are paid by the city. The inspectors have always been physicians, with a single exception, which was made in 1873, in favor of a colored lawyer, at the request of the governor.

The peculiar feature of our internal sanitary system is the house-to-house inspection by the sanitary police. This inspection is commenced in January, and it is designed to go over the most densely populated portions of all the districts before the approach of hot weather. As a matter of fact, however, this has never yet been accomplished, on account of interruptions through the intervention of small-pox, bad weather, or some other causes. The inspection is now made by squares, and every house and lot are visited. The sanitary officer is supplied with blanks, on which he records numerous particulars, as follows: the water supply, whether by hydrant, cistern, or both, or without any supply; houses used as dwellings, and as stores, factories, etc.; houses built of wood or brick; houses vacant; number of rooms in houses; number of persons occupying premises, classified as white and colored; children born during previous year, white and colored; condition of floor, whether good or bad; condition of roof; condition of privy; vacant lots.

Reports are rendered monthly by the sanitary inspectors to the board of health, including a summary of all the above particulars, and also the following: number of inspections made; number of reinspections (to see that orders have

been complied with) ; nuisances found requiring abatement ; nuisances abated ; orders issued to empty privy vaults ; also orders to rebuild, to repair, and to disinfect vaults, to clean premises, to repair houses, to fill lots (so as to drain the same into the street gutters), to supply water, to remove hogs, number of premises disinfected and fumigated ; cases of small-pox and yellow fever ; vaccinations of people, white and colored ; certificates of vaccination to children, white and colored (required for admission to the public schools).

The plan supposes all premises to be visited at least once a year, and places of public resort oftener. Some inspectors have made lists of places to be visited frequently, at irregular intervals, being governed by experience of their particular needs and conditions. Orders to abate nuisances are signed by the district inspector, and give a specified time for compliance. The penalty for non-compliance is a fine accruing to the board of health. Unsuccessful efforts have been made for several years to procure authority from the legislature to impose a penalty of imprisonment, at the discretion of the court ; for it is found that the rich indefinitely prolong civil suits by appeal to a higher court, while, on the other hand, the penalty of a fine falls harmless upon the great majority of our sovereigns, who are independently poor.

It is the privilege of all individuals to make complaint of nuisances and of violation of sanitary ordinances, either at the office of the board or at that of the district inspector. The case is then investigated, and if a nuisance exists within the power of the board to abate, an order is issued. Whenever a nuisance on the streets or in public buildings and grounds grows out of the neglect of city officials or employees, information is sent to the city hall ; and this is generally found sufficient, unless it is an abuse of long standing. Frequently complaints grow out of the quarrels of neighbors, one or both of whom try to enlist the sanitary authorities to punish the adverse party ; but, as a rule, people are reluctant to lodge complaints, particularly against their neighbors. For several years these domiciliary visits were disliked by a large proportion of our population, especially among the creole element below Canal Street, but the objection has mostly died out, and the sanitary police are now received in a very friendly manner.

As a preventive of small-pox, it is made the duty of the sanitary inspectors to vaccinate gratuitously all who apply for this service, and also to offer it to all people living near a case of this disease. Unfortunately the city is not provided with a suitable small-pox hospital, for want of which that class of patients are taken on contract by the proprietor of a private hospital. In consequence of this faulty arrangement, very few are sent to this hospital against their own consent. Among our colored population there is a very prevalent opposition to vaccination. Some of them say that it is useless, seeing that so many take small-pox after vaccination ; others declare that they can't escape the disease if it is God's will for them to have it. In the absence of any authority for compulsory vaccination, we are therefore in danger of an epidemic of this loathsome disease every winter ; but, thanks to our long summers, it usually disappears in July or August.

Two years ago the president of the board of health was constituted by law *ex officio* recorder of vital statistics for the city of New Orleans, and the fees have since accrued to the funds of the board. This office had previously been

in the gift of the governor, and was of course made a reward for partisan services. The registration of births, deaths, and marriages has been compulsory, under penalty of fifty dollars' fine, but in reality only the deaths were recorded with any approximation to completeness, and this resulted from the fact that no corpse could be buried without a certificate from the attending physician. Thus a death was rendered so public a matter that registration could not easily be avoided. The party responsible for the registration has to pay the fee, which is fifty cents for a birth or death, and one dollar for a marriage.

Under the former regulation no report was required or made, and the records were used only for reference by parties interested in legal cases. Under the present arrangement the board of health realizes about three thousand dollars for its support, at an expense of about twenty-five hundred dollars. By means of the annual house-to-house inspection the births of the previous year are ascertained, and if any are not recorded the parties responsible are notified. Thus the registration for births has attained something like completeness, and in consequence the board has been able to present tables of our births and deaths which will compare favorably with any others in the country. By providing that marriage licenses should be issued only by authority of the board of health, the registration of marriages also could be made complete, and thus could be secured an important element of the vital movement. The board already has this privilege in common with several officials, but has so far been unable to gain the exclusive power.

At the last two sessions of our legislature earnest efforts were made to obtain the passage of an act creating local boards of health in all the parishes (counties) of the State, subordinate to the state board, and to extend the registration of vital statistics throughout the State, under the administration of these local boards of health. The scheme looked very respectable on paper, and sounded remarkably well before an intelligent audience; but the country members evidently thought it a cunning device of the adversary to entrap the souls of the unwary, or of the doctors to entrap their bodies, so they prudently decided that it was a very good thing to let alone. As a friend and advocate of the measure, I have gained some experience to reward my labor, and begin to suspect that, by some unaccountable mistake, I was born a generation or two ahead of my proper time.

Two years ago the inspection of coal oils was devolved upon the board of health; that is to say, the board select and pay the inspectors for the city of New Orleans, and receive the fees. No inspection of illuminating oils was made here previously, and consequently our market was the favorite destination of the vilest and most dangerous oils known to the trade. War and pestilence had done their worst, in vain, for our destruction; we had been reserved for the wrath to come in the shape of oils bearing euphonious and destructive titles, and warranted as "non-explosive."

The present law requires illuminating oils derived from petroleum to be gauged and inspected if designed for use within the limits of the State. If the "flashing point" is found to be below 125° F., the package is marked "explosive and dangerous," and can then be sold and used like any other. It was presumed that this would be sufficient warning to the purchaser and consumer, but in reality the consumer rarely sees the mark. Besides, there is no

penalty for altering or erasing the inspection marks, for changing the contents of the packages after marking, or filling them repeatedly without erasing the marks. Notwithstanding these and other defects, it has twice been found impracticable to obtain passage for an amended bill through our legislature. Yet the inspection, with all its defects, has done some good. It has been much talked about, and prudent people prefer to use oils not branded "explosive and dangerous."

Repeated efforts have been made to place the inspection of live animals and flesh intended for human consumption under the administration of the board of health. The governor, even, recommended this measure in his last annual message; but the majority of our legislators hold that the governor's patronage must not be impaired, and so the inspector is still chosen for political services rather than for any qualifications for his duties.

Although the powers of our board of health are too much restricted to answer the sanitary needs of such a city as New Orleans, yet, on comparing its present efficiency with its former impotence, we see so much progress in ten years as to entertain hope for the decade to come. In the execution of its sanitary functions it finds far less opposition than in the enforcement of quarantine, and last year the faith of the people in its ability to stamp out yellow fever by the use of disinfecting agents was so implicit and prolonged that reaction from disappointment produced a nearer approach to panic than has ever before known in presence of pestilence.

S. S. H.

March 15, 1879.

SHORT COMMUNICATIONS.

MEDICAL WITNESS FEES.

MR. EDITOR, — Can there not be something done to raise the fee at present paid physicians for testifying at inquests? One day last week I lost my dinner and two hours of precious time in order to tell what I knew about a man dead from a railroad accident. In return I received just ninety cents. I have been informed that the judge can *officially* allow a larger fee. Till some action is taken I hope my medical brethren will insist on his honor's allowing them liberal pay. These remarks apply to the municipal courts also.

I am very respectfully your obedient servant,

G. W. COPELAND, M. D.

MAVERICK SQUARE, EAST BOSTON, April 25, 1879.

TYPHOID FEVER IN ADVANCED AGE.

In an interesting discussion on this subject, reported in the *JOURNAL* April 22, 1869, which came up in connection with a case described by Dr. Cotting, and in which Drs. Jackson, Hodges, and others took part, the fact of the absence of Peyer's patches in old persons, as stated by British authors, was questioned. In four cases of autopsies in subjects over seventy years of age, who did not die of typhoid fever, subsequently examined by Dr. Cotting, Peyer's patches were found to be well marked in two, absent in the other two. In Quain's *Anatomy*, page 848, it is stated that "after middle life they become more or less flaccid and empty, and have generally completely disappeared in advanced age." Drs. J. B. S. Jackson and John Homans verified the appearances in the four autopsies referred to above. What the relations may be between the ulceration of Peyer's glands and the elimination of the typhoidal poison is unknown, but in patients over forty the disease when it occurs is apt to be severe. The persistence of Peyer's patches, in certain individuals at least, to an advanced age might afford means for verifying this affection, and their occasional presence only would be a sufficient answer to those who regard their assumed non-existence as invalidating the diagnosis of typhoid fever in elderly persons.

REPORTED MORTALITY FOR THE WEEK ENDING APRIL 19, 1879.

Cities.	Popula- tion estimated for July, 1879.	Reported Deaths in each.	Annual Death-Rate per 1000 during the Week.	Percentage of total Deaths from					
				The Prin- cipal "Zymo- tic" Diseases.	Pneumo- nia.	Scarlet Fe- ver.	Diphtheria and Group.	Diarrhœal Diseases.	
New York.....	1,085,000	512	24.61	20.12	11.33	10.74	3.13	1.9	
Philadelphia ¹	—	—	—	—	—	—	—	—	
Brooklyn.....	564,400	214	19.77	21.03	10.75	5.61	7.01	3.27	
Chicago.....	—	136	—	16.91	7.35	2.94	11.03	0.74	
St. Louis.....	—	99	—	6.66	25.24	3.33	—	—	
Baltimore.....	365,000	133	19.00	15.78	7.52	3.76	6.02	0.75	
Boston.....	369,000	138	19.98	11.59	16.67	1.45	5.07	1.45	
Cincinnati.....	—	84	—	27.38	11.90	14.28	2.38	1.19	
District of Columbia.....	160,000	90	29.28	16.66	20.00	1.11	6.67	1.11	
Cleveland ¹	—	—	—	—	—	—	—	—	
Pittsburgh.....	—	50	—	16.00	6.00	—	6.00	2.00	
Milwaukee.....	—	26	—	11.54	7.69	—	11.54	—	
Providence.....	101,000	44	22.56	13.63	15.91	2.27	6.82	2.27	
New Haven ¹	60,000	—	—	—	—	—	—	—	
Charleston.....	57,000	24	21.95	16.66	4.17	—	—	8.33	
Nashville.....	27,000	11	21.22	9.09	—	—	—	9.09	
Lowell.....	53,300	22	21.62	13.64	4.55	—	4.55	—	
Worcester.....	62,500	15	14.90	20.00	6.67	—	—	6.67	
Cambridge.....	51,400	17	17.24	5.88	11.76	—	—	—	
Fall River ¹	48,500	—	—	—	—	—	—	—	
Lawrence.....	38,200	14	19.11	23.57	—	—	21.43	—	
Lynn.....	34,000	14	21.43	35.71	—	28.57	7.14	—	
Springfield.....	31,500	12	19.86	8.33	16.67	—	—	—	
New Bedford.....	27,000	18	34.76	22.22	16.67	—	5.55	—	
Salem.....	26,400	11	21.73	18.18	—	—	18.18	—	
Somerville.....	23,350	8	17.86	—	37.50	—	—	—	
Chelsea.....	20,800	5	12.64	—	60.00	—	—	—	
Taunton.....	20,200	6	15.49	—	16.67	—	—	—	
Holyoke.....	18,200	13	37.25	38.46	16.38	23.08	—	7.69	
Gloucester.....	17,100	9	27.44	—	—	—	—	—	
Newton ¹	17,100	—	—	—	—	—	—	—	
Haverhill.....	15,200	6	14.45	16.67	—	—	16.67	—	
Newburyport.....	13,500	9	34.76	—	11.11	—	—	—	
Fitchburg.....	12,500	2	8.84	—	—	—	—	—	

¹ Not reported.

One thousand seven hundred and forty-two deaths were reported: 304 from the principal "zymotic" diseases, 277 from consumption, 215 from pneumonia, 102 from scarlet fever, 87 from diphtheria and croup, 69 from bronchitis, 30 from diarrhœal diseases, 27 from whooping-cough, 18 from erysipelas, 16 from typhoid fever, eight from measles, six from cerebro-spinal meningitis, one from small-pox (in New York). Allowing for cities not reported, an increased fatality is noted in typhoid fever, diarrhœal diseases, pneumonia, and scarlet fever; decreased in cerebro-spinal meningitis, measles, whooping-cough, erysipelas, diphtheria and croup, and consumption, the other diseases remaining about the same. From *bronchitis* 28 deaths were reported in New York, 15 in Brooklyn, five in Boston, four in Baltimore and Pittsburgh, three in Cincinnati and District of Columbia, two in St. Louis and Milwaukee, one in Chicago, Springfield, and Salem. From *whooping-cough* nine in New York, seven in Brooklyn, four in Cincinnati, two in Boston, one in Baltimore, District of Columbia, Pittsburgh, Cambridge, and Springfield. From *erysipelas*, four in New York and Brooklyn, two in Lowell and Worcester, one in Baltimore, Boston, Cincinnati, District of Columbia, Lawrence, and New Bedford. *Typhoid fever*, two in Boston, Cincinnati, District of Columbia, Charleston, and New Bedford, one in New York, St. Louis, Baltimore, Pittsburgh, Providence, and Holyoke. From *measles*, four in New York, two in Pittsburgh (still quite prevalent on the "south side"), one in Baltimore and District of Columbia. From *cerebro-spinal meningitis*, two in New York and Chicago, one in Baltimore and Cincinnati. Three cases of *trismus nascentium* were reported in Charleston, one in Baltimore, District of Columbia, and New Haven; of *congestive fever*, two in St. Louis, one in Chicago; of *remittent fever*, two in Baltimore; of *malarial and typho-malarial fevers*, two in District of Columbia; of *bilious fever*, one in New Haven. The death-rate for whites in District of Columbia was 21.59, for colored 44.30. In seventeen of the nineteen cities of Massachusetts, with an estimated population of 815,250, the death-rate was 20.29, showing an increase of 2.39 from

the previous week, attributable largely to pulmonary diseases, there being no marked change in the others.

During the first part of the week the weather was changeable, with a cold storm, and snow in the Eastern and Northern States on Friday and Saturday; the meteorological record for Boston (latitude $42^{\circ} 21'$; longitude $71^{\circ} 4'$) being as follows:—

Date.	Barom- eter.	Thermom- eter.			Relative Humidity.				Direction of Wind.			Velocity of Wind.			State of Weather. ¹			Rainfall.	
	Daily Mean.	Daily Mean.	Maximum.	Minimum.	7 A. M.	2 P. M.	9 P. M.	Daily Mean.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	Duration.	Amount in Inches.
April 13	29.909	46	51	30	61	20	37	39	W	SW	SW	14	16	12	C	F	O	—	—
" 14	29.753	47	57	39	83	30	40	51	SW	NW	W	6	19	8	O	F	C	—	—
" 15	29.772	40	45	36	59	58	90	69	E	E	E	5	12	10	C	O	F	—	—
" 16	29.874	44	55	36	100	36	68	68	NW	NW	E	7	11	2	G	O	F	—	.34
" 17	29.973	38	45	34	73	77	90	89	NE	E	NE	7	10	12	R	T	R	—	.24
" 18	29.483	36	39	33	90	95	90	92	NE	NE	NE	26	36	37	R	R	R	—	1.90
" 19	29.579	33	36	30	100	100	70	90	N	N	NW	22	17	6	S	R	F	—	.35
Week.	29.763	41	57	30				70	NE			2276 miles.						64.8	2.83

¹ O., cloudy; C., clear; F., fair; G., fog; H., hazy; R., rain; T., threatening.

For the week ending March 29th, in 149 German cities and towns, with an estimated population of 7,392,449, the death-rate was 28.0, an increase of 0.1 from the previous week. Of the infectious diseases, only measles had increased, being widely prevalent; scarlet fever and typhoid fever had diminished, the others remaining about the same. An epidemic of typhoid fever, due to polluted drinking-water, in Wielitzken has immediately declined upon closure of the wells. Diseases of the respiratory organs continued widely prevalent and fatal. Three thousand nine hundred and eighty-seven deaths were reported: 621 from consumption, 514 (an increase) from acute diseases of the respiratory organs, 162 from diarrhoeal diseases, 154 from diphtheria and croup, 58 from measles, 54 from whooping-cough, 51 from typhoid fever, 50 from scarlet fever, 28 from puerperal fever, 10 from typhus fever, none from small-pox. The death-rates ranged from 18.7 in Carlsruhe to 41.6 in Strasburg; 32.5 in Dantzic, 27.7 in Breslau, 40.5 in Munich, 25.7 in Nuremberg, 27.6 in Dresden, 23.8 in Berlin, 25.0 in Leipsic, 25.4 in Hamburg, 25.0 in Bremen, 34.5 in Cologne, 20.9 in Frankfort-on-the-Main.

For the week ending April 5th, in the 20 English cities having an estimated population of 7,383,999, the death-rate was 27.2, a decrease of 1.0 from the previous week. The fatality from pulmonary diseases and whooping-cough continued excessive, decreasing, however, from the former; measles and diarrhoea were more fatal, scarlet fever decreasing, diphtheria more widely prevalent, and small-pox more fatal in London. Three thousand eight hundred and fifty-one deaths were reported: 628 from pulmonary diseases, 153 from whooping-cough, 90 from scarlet fever, 62 from measles, 52 from diarrhoea, 37 from fever, 20 from diphtheria, 17 from small-pox (in London). The deaths from small-pox in Dublin declined to nine from 17 of the previous week. The death-rates in 23 cities of the United Kingdom ranged from 13.5 in Norwich to 36.1 in Wolverhampton: Edinburgh 18, Glasgow 26, Dublin 32, London 28.2, Birmingham 31.0, Liverpool 26.5, Manchester 29.6, Portsmouth 19.8.

Fevers and small-pox remain prevalent in India; small-pox and typhoid fever in Paris; measles in Brussels; typhus and typhoid fevers in Geneva, Amsterdam, and Turin; small-pox, scarlet, typhus, and typhoid fevers, in St. Petersburg; small-pox and diphtheria in Vienna; small-pox and measles in Budapesth; diphtheria in Naples and Milan. The case of plague in Wetlianka has ended in recovery, and no others have been reported in the Volga district, where vigorous sanitary measures are still carried forward. Three suspicious cases have occurred in Kurtowka and Bender; the patients were isolated, their clothes were burned, and other precautions were taken. There is a general improvement in the sanitary condition and in the prevalence of fevers in the Turkish cities and towns. Quarantine is still enforced by the principal nations of Europe.

BOSTON MEDICAL ASSOCIATION.—The annual meeting will be held at the Medical Library No. 19 Boylston Place, on Monday, May 5th, at half past three in the afternoon.

CHARLES P. PUTNAM, *Secretary*.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting of this association will be held at Atlanta, Ga., on Monday evening, May 5, 1879. The annual address will be delivered by the president, William Brodie, M. D., of Detroit. All editors of medical journals and publications are entitled to membership in the association, and are cordially invited to be present and participate in the meeting.

65 E. RANDOLPH ST., CHICAGO, ILL.

F. H. DAVIS, M. D., *Secretary*.

SIXTH DECENNIAL PHARMACOPOEIA CONVENTION.—To the several incorporated state medical societies, the incorporated medical colleges, the incorporated colleges of physicians and surgeons, and the incorporated colleges of pharmacy throughout the United States:—

By virtue of authority devolved upon me as the last surviving officer of the Pharmacopoeia Convention of 1870, I hereby call a general convention to meet in Washington, D. C., on the first Wednesday in May, 1880, for the purpose of revising the Pharmacopoeia of the United States.

For the information and guidance of all parties interested, I refer them to the rules adopted by the convention of 1870, to be found on page 11 of the Pharmacopoeia of the United States, and request their compliance with the spirit and intention of the said rules.

JAMES E. MORGAN, M. D.,

NO. 905 E STREET NORTHWEST, WASHINGTON, D. C.

BOSTON SOCIETY FOR MEDICAL OBSERVATION.—A regular meeting will be held on Monday evening next, May 5th, at eight o'clock, in the hall of the Boston Medical Library Association, 19 Boylston Place. Reader, Dr. W. H. Baker. Subject, A Case of Dermoid Cyst of the Ovary. Semi-annual election of members. Balloting at nine o'clock.

F. C. SHATTUCK, *Secretary*.

DELEGATES TO AMERICAN MEDICAL CONVENTION, PHILADELPHIA COUNTY MEDICAL SOCIETY.—S. D. Gross,¹ Albert H. Smith, H. St. Clair Ash, Albert Fricke, J. C. Wilson, C. N. Pierce¹ (Woman's Medical College), Frances Emily White¹ (Woman's Medical College), R. J. Dunglison, J. V. Shoemaker. The trustees of Jefferson Medical College have neglected to appoint a delegate to represent the board at the convention at Atlanta. Professor Gross represents the faculty of the college.

BOOKS AND PAMPHLETS RECEIVED.—Atlas of Histology. By E. Klein, M. D., F. R. S., and E. Noble Smith, L. R. C. P., M. R. C. S. Part I. Philadelphia: J. B. Lippincott & Co. London: Smith, Elder & Co. 1879. (A. Williams & Co.)

A Guide to the Qualitative and Quantitative Analysis of the Urine. By Dr. C. Neubauer and Dr. J. Vogel. Translated from the seventh German edition by Elbridge G. Cutler, M. D., Physician to Out-Patients at the Massachusetts General Hospital, etc. Revised by Edward S. Wood, M. D., Professor of Chemistry in the Medical School of Harvard University. New York: Wm. Wood & Co. 1879. (A. Williams & Co.)

On Diseases of the Abdomen, comprising those of the Stomach and other Parts of the Alimentary Canal, Oesophagus, Cæcum, Intestines, and Peritonæum. By S. O. Habershon, M. D. Lond. With Illustrations. Second American from the Third Revised English Edition. Philadelphia: Henry C. Lea. 1879.

Sixty-Fifth Annual Report of the Trustees of the Massachusetts General Hospital. 1878.

How Shall the Degree of Doctor of Medicine be Conferred. By E. Fletcher Ingals, M. D. (Chicago Medical Journal.) 1879.

A Clinical Treatise on Diseases of the Liver. By Dr. Fried. Theod. Frerichs. In three volumes. Vol. II. Translated by Charles Murchison, M. D., F. R. C. P. New York: William Wood & Co. 1879.

Ophthalmia Neonatorum. By Richard H. Lewis, M. D. (Reprint from the North Carolina Medical Journal.) Wilmington. 1879.

¹ Delegates to Convention of Medical Colleges.